CITY OF MIDDLETOWN RECREATION & COMMUNITY SERVICES SUMMER AQUATICS APPLICATION

Office Use only: Interviewed	
Hired	

- 1. Applications are due by Friday, March 13, 2020.
- 2. Positions are available to those 16 years and older.
- 3. Residents will be given first opportunity, if they meet the qualifications and pass the swim test.
- 4. Return to: Middletown Recreation and Community Services, 61 Durant Terrace, Middletown, CT 06457.
- 5. INCLUDE A COPY OF YOUR CERTIFICATIONS (or your application will be returned to you).

Name:		Cell phone:	
First M.I.	Last		
Address:			
Street	City	State	Zip
Other Phone: Email	l address:		
POSITI	ON(S) APPLYIN	G FOR	
Check desired positions:			
□ Facility Manager (experience required)	□ Assistan	t Facility Manager (ex	perience required)
☐ Senior Guard (experience required)	□ Camp Sv	vim Coordinator (expe	erience required)
□ Lifeguard	□ Swim Ins	tructor	
Facility Preference (please circle): Vetera	ın's Pool Crys	tal Lake	
Swim Suit Size	-		
Please email ashley.pietraroia@gmail.com wit	h any specific sc	heduling requests.	
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Please email ashley.pietraroia@gmail.com wit	th any specific sca	heduling requests.	
Please email ashley.pietraroia@gmail.com wit			jor
	EDUCATION		<u>jor</u>
School Name	EDUCATION Year of Gra		jor
School Name High School: College:	EDUCATION Year of Gra		jor
School Name High School:	EDUCATION Year of Gra		jor
School Name High School: College: Graduate School:	EDUCATION Year of Gra	duation Ma	jor
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Are you currently enrolled in a Red Cross Lifeguard Training Course? Yes No If yes, when will you know if you have passed the course?				
If you have taught swim lessons, please list where and what levels you have taught:				
Employment History				
Present/Last Employer: Employment Dates:				
Address: Phone: Street City State Zip				
Job Title: # of people supervised Supervisor:				
Reason for leaving:				
Description of job duties:				
Provious Employment Dates:				
Previous Employer: Employment Dates:				
Address: Phone: Phone:				
Job Title:# of people supervised Supervisor:				
Reason for leaving:				
Description of job duties:				
Any additional employment history may be attached to this application				
RELATED EXPERIENCE List any other experiences, certifications, other activities (Such as volunteer work, clubs, sports, special recognition, member of organizations, etc.)				
I certify, under Middletown ordinance 74-2 (formerly Section 20-29), which is available upon request, that I have read this application and supporting information and that all information provided is true, correct, complete and not misleading to the best of my knowledge and belief. I understand that the City will rely upon this information in considering my application for employment and that if I knowingly make misstatements or omissions of facts I am subject to disqualification, dismissal from employment, or prosecution for false statement under the General Statutes; and, that the City, or its insurance company or other party by or on behalf of the City will not be responsible for any loss resulting from incorrect or incomplete information in the application or supporting material. I give consent for you to check with all persons and companies cited on the employment application, except my present employer if so noted, and release them from all liability for damage for providing the information. I will be residing at the summer address given herein during the course of employment. I have read the above statements and understand them.				
Applicant Signature Date:				
Hiring Process: The hiring process shall include an application, an interview, a background investigation which may include finger printing and post offer drug screening. Failure to pass any facet of this process may result in disqualification or the withdrawal of any offer of employment. Applications submitted for employment may be public records. The City of Middletown cannot assume responsibility for the confidentiality of information provided on an employment application. I have read the above statements and understand them.				
Signature: Date:				

This information will not be used in the selection process. It is kept separate from your application and is not seen by anyone making the hiring decision.
VOLUNTARY DEMOGRAPHIC INFORMATION:
Name:
Sex (please check one) Male Female
Race or Ethnic Group (describe yourself in terms of one of the following groups):
White/Caucasian
Hispanic/Latino
Black/African American
American Native or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
Two or More Races
(Persons who identify with two or more racial categories listed above)
Military Veteran Status:
Veteran of the United States Armed Forces
Disabled Veteran of the United States Armed Forces